

Community Right-to-Know  
(REQUIRED INFORMATION)

ID #: CRK000012340

<b>Facility Identification</b> Name <u>XYZ FACILITY</u> Address <u>123 MAIN ST</u> City <u>KENT</u> County <u>KING</u> State <u>WA</u> Zip <u>99000-1234</u> Latitude <u>47 9 35</u> Longitude <u>122 15 49</u> SIC Code <u>1234</u> Dun Bradstreet N <u>12-345-6789</u> LEPC <u>CITY OF KENT</u>		UBI/DOR#: <u>600-123-456</u>	
<b>Owner/Operator</b> Name <u>GEORGE SMITH</u> Street <u>PO BOX 555</u> City <u>KENT</u> State <u>WA</u> Zip <u>98002-0555</u> Phone <u>(360) 482-1234</u>		<b>Main Contact</b> <i>Must be included if different from Facility Address</i> Name: <u>JOHN SMITH</u> Phone: <u>(360) 482-1234</u> Address: <u>PO BOX 555</u> Fax: <u>(360) 426-4321</u> City: <u>KENT</u> State: <u>WA</u> ZipCode: <u>98002-0555</u> Email: <u>george.smith@xyz.</u>	
		<b>Emergency Contact</b> Name: <u>JOHN SMITH</u> Title: <u>CO-OWNER</u> Phone: <u>(360) 482-1234</u> 24 Phone: <u>(360) 482-1200</u> Name: <u>CAROL JONES</u> Title: <u>EMERGENCY RESPONSE CO-OR</u> Phone: <u>(360) 437-1400</u> 24 Phone: <u>(360) 482-1200</u>	
Important: Read all instructions before completing form.		Reporting Period: From January 1 to December 31 <u>2000</u>	

Chemical Description	Physical and Health Hazards (check all that apply)	INVENTORY	Storage Codes			Storage Locations (Non-Confidential)
			Container Type	Pressure	Temperature	
CAS <u>007664-41-7</u> Trade Secret <input type="checkbox"/> Chem. Name: <u>AMMONIA</u> EHS Name: <u>AMMONIA</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS	<input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> SUDDEN RELEASE of PRESSURE <input checked="" type="checkbox"/> REACTIVITY <input checked="" type="checkbox"/> IMMEDIATE (acute) <input checked="" type="checkbox"/> DELAYED (chronic)	<input type="text" value="2"/> Max. Daily Amount <input type="text" value="2"/> Avg. Daily Amount <input type="text" value="365"/> No. of Days On-site	<input type="text" value="L"/>	<input type="text" value="2"/>	<input type="text" value="4"/> <u>NW SIDE OF BLDG 3</u>	
CAS <u>007782-50-5</u> Trade Secret <input type="checkbox"/> Chem. Name: <u>CHLORINE</u> EHS Name: <u>CHLORINE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS	<input type="checkbox"/> FIRE <input checked="" type="checkbox"/> SUDDEN RELEASE of PRESSURE <input checked="" type="checkbox"/> REACTIVITY <input checked="" type="checkbox"/> IMMEDIATE (acute) <input checked="" type="checkbox"/> DELAYED (chronic)	<input type="text" value="2"/> Max. Daily Amount <input type="text" value="2"/> Avg. Daily Amount <input type="text" value="365"/> No. of Days On-site	<input type="text" value="P"/>	<input type="text" value="1"/>	<input type="text" value="4"/> <u>STORAGE SHED C</u>	
CAS <u>008006-61-9</u> Trade Secret <input type="checkbox"/> Chem. Name: <u>GASOLINE</u> EHS Name: _____ Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS	<input checked="" type="checkbox"/> FIRE <input type="checkbox"/> SUDDEN RELEASE of PRESSURE <input type="checkbox"/> REACTIVITY <input checked="" type="checkbox"/> IMMEDIATE (acute) <input checked="" type="checkbox"/> DELAYED (chronic)	<input type="text" value="4"/> Max. Daily Amount <input type="text" value="4"/> Avg. Daily Amount <input type="text" value="365"/> No. of Days On-site	<input type="text" value="B"/>	<input type="text" value="1"/>	<input type="text" value="4"/> <u>NEAR PUMP ISLAND</u>	

**Certification (Read and sign after completing all sections)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one \_\_\_\_\_ and that based on my inquiry these individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

John Smith - Co-Owner

**OPTIONAL ATTACHMENTS**

- ☒ I have attached a site plan  
☐ I have attached a list of site coordinate abbreviations

November 21, 2000